



Iowa's Health Improvement Plan 2012-2016

2015 Revisions

Introduction and Acknowledgments

Introduction

Why does the plan need to be revised?

Iowa's health improvement plan is intended to be a flexible document that is updated each year to reflect new and altered strategies along with progress in meeting the plan's goals. The 2015 revisions are based on reports from all of the agencies responsible for implementing objectives/strategies. Measures of progress have been updated with the most current data available; new links to related planning efforts also have been added. These changes will maintain the plan's relevance in responding to challenges that have emerged since the plan was published in 2012.

What is Healthy Iowans?

Healthy Iowans: Iowa's Health Improvement Plan 2012-2016 focuses on 39 critical health needs¹ and provides a blueprint for addressing them. Healthy Iowans builds on health planning that is already taking place by numerous private and public sector organizations across the state. Iowa's health improvement plan provides a starting point to identify strategies and initiatives that are addressing critical health needs with the understanding that no one plan could reflect everything that is being done to tackle Iowans' needs. Iowa's health improvement plan is intended to be a flexible document that is updated annually to reflect new and changed strategies and to monitor progress in meeting the plan's goals.

The 39 critical health needs identified through the Healthy Iowans process were selected after careful analysis of locally identified health needs, recommendations from private and public organizations and advisory groups, state data, and national resource information. In addition, overarching themes that affect health status were considered. These overarching themes include social and built environments (e.g., access to affordable and healthy foods), special populations (e.g., race and ethnicity), and the life cycle (e.g., life stages and age). They provide additional context from which to assess progress in addressing the critical health needs.

Iowa has a rich history of civil rights (see [A Timeline of Iowa's Civil Rights History](#)). Ensuring that everyone who lives in the state has an opportunity for optimum health is part of this tradition. Therefore, health equity clearly undergirds the objectives in the plan.

¹ Appendix A provides the complete list of the 39 critical health needs.

How were Iowa's 39 critical health needs identified?

The Iowa Department of Public Health served as the coordinating body for the Healthy Iowans process. Department staff solicited public input, compiled recommendations, considered data, and performed gap analysis. Thirty-nine critical health needs emerged as the result of the meta-analysis².

Local Input: All of Iowa's 99 counties identified health needs and set priorities through the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) process in 2011. The critical health needs identified through CHNA & HIP laid the foundation for Iowa's health improvement plan. The county level health planning groups included local boards of health; local public health agencies; health providers such as hospitals, clinics, and practitioners; other public health system agencies such as substance abuse, problem gambling, and mental health providers; community-based organizations; emergency management; representatives from educational institutions; law enforcement; business and industry; elected officials; human service agencies; the media; emergency management services; and the judicial system.

Contributions from Private and Public Organizations and Advisory Groups: Input was solicited from a wide range of organizations and health-related advisory bodies. More than 70 organizations submitted recommendations. These organizations represented more than 500 members of advisory committees and task forces, state agencies, non-profit associations, universities, and professional associations. In making recommendations, these groups drew on their own plans, grants, and reports related to health issues.

Data Analysis and National Resources: Statewide data included information about births and deaths from Vital Statistics and trends in health behaviors and risk factors from the Behavioral Risk Factor Surveillance System (BRFSS) and other reports. National resources included Healthy People 2020; Healthy People Leading Health Indicators; the National Prevention and Health Promotion Strategy; Centers for Disease Control and Prevention (CDC) Director Thomas Frieden's "Six Winnable Battles;" and America's Health Rankings.

How was the plan developed?

Organizations that submitted recommendations were asked for strategies or objectives that focused on one or more of the state's 39 critical health needs. The organizations could submit up to three objectives. Sixty-eight organizations submitted objectives and strategies that they identified as significant. It is important to note that the submitted objectives and strategies do not reflect everything the organizations are doing to address health needs.

² Appendix B describes the methodology used for the meta-analysis.

How is the plan organized?

The 39 critical health needs are grouped into nine topic areas. The topic areas are not mutually exclusive. For example, alcohol and binge drinking are listed under the Addictive Behaviors topic area, while alcohol-related fatalities are covered under Injury and Violence. The topic area list follows:

- Access to Quality Health Services and Support
- Acute Disease
- Addictive Behaviors
- Chronic Disease
- Environmental Health
- Healthy Living
- Injury and Violence
- Mental Health and Mental Disorders
- Preparedness and Response

Each topic area is comprised of two sections:

- 1) A measure of progress section with objectives to be achieved by a designated year. To track progress, the objectives have a baseline and date, a data source, and a target; and
- 2) A section on what is being done to achieve the objectives along with the responsible organizations committed to taking action.

In addition, the topic areas include links to related planning efforts.

Acknowledgments

More than 120 staff members from private and public sector groups worked on the plan and submitted progress reports which were the basis for the 2015 revisions. Their efforts are greatly appreciated. The following is a list of contributing organizations and advisory groups:

- [1st Five Healthy Mental Development Initiative](#)
- [Advisory Council on Brain Injuries](#)
- [Alzheimer's Association](#)
- [American Lung Association in Iowa Asthma Coalition](#)
- [American Lung Association in Iowa COPD Coalition](#)
- [Arthritis Foundation](#)
- [Center for Disabilities and Development, U of Iowa Hospitals and Clinics](#)
- [Center for Rural Health and Primary Care Advisory Committee](#)
- [Child Health Specialty Clinics](#)
- [Congenital and Inherited Disorders Advisory Committee](#)
- [Delta Dental of Iowa Foundation](#)
- [Direct Care Worker Advisory Council](#)
- [Early Childhood Iowa](#)
- [Early Hearing Detection Advisory Committee](#)
- [Easter Seals of Iowa](#)
- [Family Planning Council of Iowa](#)
- [Farm Safety For Just Kids](#)
- [Healthiest State Initiative](#)
- [Healthy Homes and Lead Poisoning Prevention Advisory Committee](#)
- [Iowa Academy of Ophthalmology](#)
- [Iowa Antibiotic Resistance Task Force](#)
- [Iowa Army National Guard](#)
- [Iowa Breastfeeding Coalition](#)
- [Iowa Cancer Consortium](#)
- [Iowa Department of Agriculture and Land Stewardship](#)
- [Iowa Department of Corrections](#)
- [Iowa Department of Education](#)
- [Iowa Department of Human Services](#)
- [Iowa Department of Natural Resources](#)
- [Iowa Department of Public Health](#)
- [Iowa Department of Public Safety](#)
- [Iowa Department of Transportation](#)
- [Iowa Department on Aging](#)
- [Iowa Economic Development Authority](#)
- [Iowa e-Health Executive Committee and Advisory Council](#)
- [Iowa Emergency Medical Services Advisory Council](#)
- [Iowa Falls Prevention Workgroup](#)
- [Iowa Healthcare Collaborative](#)
- [Iowa Immunization Coalition](#)
- [Iowa KidSight](#)
- [Iowa Medicaid Enterprise](#)
- [Iowa Office of the State Medical Examiner, Iowa Department of Public Health](#)
- [Iowa Optometric Association](#)
- [Iowa's Center for Agricultural Safety and Health](#)
- [Iowa Statewide Poison Control Center](#)
- [Iowa Tobacco Prevention Alliance](#)

- Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group
- [March of Dimes](#)
- Maternal and Child Health Advisory Committee
- [Office of Drug Control Policy](#)
- [Office of Minority and Multicultural Health Advisory Council](#)
- [Patient-Centered Health Advisory Council](#)

- [Prevent Blindness Iowa](#)
- [Prevention of Disabilities Policy Council](#)
- [Project Launch](#)
- [Reach Out and Read Iowa](#)
- [State Hygienic Laboratory at U of Iowa](#)
- [Tobacco Use Prevention and Control Commission](#)
- [University of Iowa College of Public Health](#)
- [University of Iowa Department of Emergency Medicine](#)